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ABSTRACT

This package contains self-paced training materials for mental health aides, designed to increase career mobility for lower grade Civil Service employees by preparing them to pass a Civil Service examination for upgrading. Procedures are described whereby the materials were developed by educational personnel at several adult education centers and field tested successfully at the centers. Included in the package is an overview of the training program, an analysis of the job description for mental hygiene assistant therapy aide (G-7), and test questions which are explained and linked to the training program and to the job description. To help adult education centers develop similar materials, patient safety objectives are included. (KC)

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October 1980

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SUMMARY

In a concerted effort to increase career mobility for the lower grade Civil Service employee, by improving the trainee's employability profile, A TEAM led by Howard P. ALVIR, Ph.D. and educational personnel from several adult education centers have formulated a package of Career Path Training resources for mental health aides.

Through effective use of these resources, the employee may study at a self-chosen pace and at completion of a set of independent study modules will be prepared to pass a competitive Civil Service examination for upgrading with a reasonable assurance of success. These materials have been fieldtested at adult education centers.

Evaluation of the success ratio as a result of using these modules was made following an experimental testing period using employees at selected adult education centers. Employees reported making maximum use of their life experiences by successfully completing a pre-determined percentage of posttest items included in each module and used their available study time on areas in which they needed more expertise.

This booklet contains an overview of the training program (pp. 2-6) and an analysis of the job description (pp. 7-12). In this perspective, the test questions (pp. 13-56) are given, explained, and linked to the training program and to the job description.

To help adult education centers develop similar materials, patient safety objectives (pp. 57-59) are appended.

CAREER PATH TRAINING MODULES
FOR MENTAL HYGIENE ASSISTANT THERAPY AIDE, G-7

BASELINE DATA: Previous to the hiring freeze, G-7 training was given at selected mental health centers once every five weeks. This training period was followed by the G-7 exam.

The training period lasted five weeks with five full days of instruction for approximately 25 to 35 G-4 employees desiring promotion to G-7.

As long as the training sessions were available with a maximum wait of five weeks before the next session began, little difficulty was experienced in helping trainees learn on the job and advance on the career ladder.

At the present time, with the job freeze, it may take as long as six months before enough G-4 employees are available to meet the minimum of 25 trainees for a G-7 training class. In other words, G-7 mental hygiene assistant therapy aide training is now given whenever the minimum of 25 is reached.

This situation gives rise to the need for materials the employee may study independently in preparation to pass a competitive Civil Service examination. Adult education centers have stepped in to fill this void. These materials introduce trainees to test questions in the context of A TRAINING RATIONALE and JOB DESCRIPTION. These materials have helped individual minority members pass the exam and gain a promotion.

At the present time, no preparation booklet for this test is available. Similarly, no examination specifications are currently available.

Available resources include:

1. A G-7 job description and
2. Recent course outlines

Interest has been expressed by the Director of Nursing Service and Training to redefine the G-7 job description through an analysis of C-7 activity and problem areas.

In addition, an interest has been expressed in developing specifications for a new G-7 examination based upon a validated log of typical G-7 activities and an updated G-7 job description.

GROUND WORK: As is evident from the above baseline data, three related products are under investigation:

1. A package of career path training modules for Mental Hygiene therapy aides.
2. A G-7 job description based upon a realistic sampling of typical G-7 performances and expectations.
3. Specifications for the G-7 examination based upon the revised job description.

From the point of view of concept analysis, the logical sequence would be to:

First, develop a realistic job description.

Second, develop a correlated list of specifications for the job examination.

Third, develop a career path training module based upon the job description and the examination specifications.

DEVELOPMENTAL PATHS: In order to systematize the above operations, the following operational plan was adopted.

Trainees receiving help at a several adult education centers kept a log of typical G-7 job responsibilities and competencies.

It is assumed that this independent sample of G-7 job responsibilities correlates quite well with the G-7 job description, the G-7 promotional examination, the training program to help G-4's become G-7's, and recent job requirements.

Each of the identified problems is called PROBLEM OF THE WEEK.

Each problem of the week is documented with:

A UNIQUE TITLE
A MULTIPLE CHOICE QUESTION
MATERIALS RELATED TO THE MULTIPLE CHOICE QUESTION

The multiple choice question is place in the form of a situational question. The respondent is to read the question and choose the most appropriate alternative as the correct answer.

The materials connected with each question include and are not limited to an annotated answer key, readings for the G-4 trying to become a G-7, material geared to trainers of G-4's trying to be G-7's, and other useful information.

Each problem of the week is given a unique identifying title such as safety, patient care, group care, individual care, dormitory activities, cafeteria activities, and recreational activities. Other possible titles are available. Each title helps summarize the question and the related information.

Each problem of the week is subject to several analyses:

- Job description analysis
- Training course analysis
- Exam specifications analysis
- Empirical cluster analysis

For job description analysis, the existing job description is broken down in a list of duties. For each job duty, the correlated problems of the week are listed as examples.

For training course analysis, each major topic of the training course is subdivided by listing the correlated problems of the week.

For examination specifications analysis, each specification of the examination is listed with the correlated problems of the week.

For empirical cluster analysis, each title of each problem of the week is analyzed for verbal clustering. Thus, a problem of the week entitled "group counseling" and another problem of the week entitled "individual counseling" are clustered under the more general label of "counseling."

At the present time, there is no official examination specifications list available. Similarly, there is no unofficial examination preparation book available. This means that the specifications listed under examination specifications will be based upon the impressions and opinions of the Director of Nursing Service and Training and an Assistant Director of Nursing Service as to what is currently being measured by the existing Civil Service G-7 examinations.

Each of these estimated examination specification are listed with the corresponding problems of the week.

DEVELOPMENT OF MODULES

After an examination of a sample of 20 problems of the week, both in regard to the multiple choice questions and the related materials, a title is chosen for the first career path training module to be developed.

As a self-contained learning package, each module is composed of the following:

- Title page (including a brief motivational at a glance introduction)

- Objectives

- Preassessment

- Learning activities

- Self-Administered Mastery Test Items

The TITLE PAGE helps to classify and summarize the modules.

The OBJECTIVES state clearly and precisely what the G-7 trainee can acquire from the module in order to become better prepared for the G-7 examination.

The PREASSESSMENT is a self-administered examination followed by a diagnostic answer key.

The LEARNING ACTIVITIES include DATA to acquire, PEOPLE to observe and imitate as models, and THINGS to read, do, or discuss with one's peers.

The SELF-ADMINISTERED MASTERY TEST ITEMS include test items based upon the best available G-7 job descriptions, training courses, examination specifications, and empirical clusters.

OVERVIEW OF

JOB DESCRIPTION ANALYSIS	See Page 8
TRAINING COURSE ANALYSIS	See Page 10
EXAMINATION SPECIFICATIONS ANALYSIS	See Page 12

The next three subsections give an overview of the above three analyses.

Each component of the above analyses is identified by a code number.

When used in a computerized format, this codification permits:

UPDATING

REGROUPING

AVOIDANCE OF STORAGE DUPLICATION

EDITING

ADDITIONS

DELETIONS

IMPROVEMENTS

DOMAIN REFERNCING

TRANSLATION TO OTHER CONCEPTUALIZATION CODES

JOB DESCRIPTION ANALYSIS

1. Perform entrance level clinical duties emphasizing assistance in, or provision of, services associated with the basic living and personal needs of patients and residents UNDER DIRECT SUPERVISION.
2. Perform therapy related tasks.
3. Assist subprofessional and professional team members in routine therapy tasks.
4. Observe and report on significant patients/residents' medical, physical, and emotional conditions and changes.
5. Improve understanding of Treatment principles UNDER CLOSE SUPERVISION.
6. Improve skill in using treatment and related techniques UNDER CLOSE SUPERVISION.
7. Encourage patients/residents in the performance of daily living and personal activities, either in an institution or community setting.
8. Guide patients/residents in the performance of daily living and personal activities, either in an institution or community setting.
9. Assist patients/residents in the performance of daily living and personal activities, either in an institution or community setting.
10. Work directly with patient/resident in meeting daily personal hygiene, dressing, and grooming.
11. Assist patients/residents in exercise and insure adequate rest periods.
12. Participate in and assist in play and recreation activities.
13. Work with and assist patients/residents with such daily living activities as changing beds, and washing, ironing, and mending of clothes.
14. Provide clean-up service as necessary and appropriate.
15. Escort patients/residents as necessary to treatment and recreational activities either in or outside of the institution.

16. Be responsible during assigned periods for the supervision of the personal care of patients/residents.
17. Assist higher level treatment personnel in those physical aspects of patient/resident care which required two or more persons or be assisted in such activities by Mental Hygiene Ward Aides as appropriate.
18. Assist medical personnel in performing routine nursing and physical care tasks.
19. Deliver medication under supervision.
20. Observe and become familiar with techniques and principles applied by higher level treatment personnel.
21. Use simple techniques of encouragement to reinforce the patient's self identification and generally establish an atmosphere of congeniality, friendliness, warmth, and other positive humanistic elements.
22. Make gestures of recognition and other acknowledgement of appropriate and expected behavior in assisting the patient to learn self-awareness and control.
23. Attempt to interest patients in various individual and group activities such as ward government and ward maintenance.
24. Be a member of a treatment team.
25. Report to a higher ranking member of the treatment team.
26. Report to a ward service supervisor.
27. Assist residents in dressing, eating, and other activities of daily living and in recreational activities in the living units.
28. Use simple techniques to reinforce each individuals development and progress in operant conditioning, coordination, motor control, and similar programs.
29. Insure the comfort and cleanliness of the patient.
30. Assist the nurses in treatment procedures.
31. Spend time on reinforcing therapeutic programs depending on the medical and physical condition of the patient.
32. Assist with visits to patients/residents in homes, hospitals, and other community facilities.
33. Perform care-related duties in clinical, day-care, center, and other Department operated services.

TRAINING COURSE ANALYSIS

MONDAY		TUESDAY	
8-11 Hospital Tour	3	8-12 Unit Assignment	4
11-12 Business Officer		12:30-2:30 Food and Fluid Balance	
12:30-1 Work Control		2:30-4:30 Lifting & Moving	
1-1:30 Laundry			
1:30-2:30 Food Service			
2:30-4:30 Standard Bedmaking			
8-12 Unit Assignment	8	8-12 Unit Assignment	9
12:30-1:30 Oxygen Therapy		12:30-2:30 Observation and Charting	
1:30-2:30 Psychologist		2:30-3:30 Hospital Forms	
2:30-3:30 Social Worker		3:30-4:30 Fire & Safety	
3:30-4:30 Chaplains			
8-12 Unit Assignment	13	8-12 Unit Assignment	14
12:30-2:30 Medications III		12:30-2:30 Medications IV	
2:30-4:30 First Aid I		2:30-4:30 First Aid II	
8-12 Unit Assignment	18	8-12 Unit Assignment	19
12:30-1:30 Defense Mechanisms		12:30-2 Communication and Interpersonal Relationships	
1:30-2:30 Neurosis/Psychosis		2-3 Interviewing Techniques	
2:30-4:30 Functional Psychosis		3-4:30 Team Concept	
8-10 Special Therapies	23	8-10 CSEA	24
10-11 Mental Retardation		10-10:30 Recreational Therapy	
11-12 Occupational Therapist		10:30-12 Personnel	
12:30-2:30 Therapeutic Milieu & ADL		12:30-2:30 Medication Final	
2:30-4:30 Habituation & Addiction		2:30-4 Vital Signs and Medication Final	
		4-4:30 Class Review	

TRAINING COURSE ANALYSIS

WEDNESDAY	THURSDAY	FRIDAY
	12:30-1:30 Registration 1 1:30-3:30 Orientation 3:30-4:30 T.A.-Patient Relationship	8-9 History of Psychiatry 2 9-11 Philosophy & Objectives 11-12 Community Mental Health 12:30-4:30 Principles of Asepsis: Handwashing, Sterilization Isolation, Tuberculosis
8-12 Unit Assignment 5 12:30-2 Hospital Housekeeping 2-4:30 Bathing the Patient	8-12 Unit Assignment 6 12:30-2:30 Enema Procedures 2:30-3:30 Elimination of Urine 3:30-4:30 Physical Examinations and Positions	8-12 Unit Assignment 7 12:30-1 Quiz I 1-4:30 Vital Signs
8-12 Unit Assignment 10 12:30-3 Diabetes 3-4:30 Care of the Dying & Post Mortum Care	8-12 Unit Assignment 11 12:30-3 Medications I 3-4:30 Applications of Heat & Cold	8-12 Unit Assignment 12 12:30-1 Quiz II 1-2 Medications II 3-4:30 Collection of Specimens
8-12 Unit Assignment 15 12:30-2:30 Medications Review 2:30-4:30 First Aid I/II	8-12 Unit Assignment 16 12:30-1:30 Vital Signs Final 1:30-2:30 Theory I Final 2:30-3:30 Overview 3:30-4:30 Staff Development Programs	8-12 Unit Assignment 17 12:30-2:30 Administrative Procedures 2:30-4:30 Psychiatric Terminology
8-12 Unit Assignment 20 12:30-2:30 Care of the Hyperactive Patient 2:30-4:30 Care of the Hypoactive Patient	8-12 Unit Assignment 21 12:30-4:30 Reality Orientation and Remotivation	8-12 Unit Assignment 22 12:30-2:30 Organic Brain Syndromes 2:30-4:30 Aging Process & Care of the Geriatric Patient
8-12 Theory II Final Overview Evaluations 25 12:30 Report to Home Buildings		

EXAMINATION SPECIFICATIONS ANALYSIS

The exam must measure the following four job-related competencies.

1. Assist the new mental health aide toward an awareness of the dynamics interaction and its importance in the group situation.
2. Assist the new mental health aide toward practical working knowledge of some of the skills necessary in the care of the sick patient.
3. Assist the new mental health aide toward an understanding of the essentials to good health for self as well as for patients.
4. Assist the new mental health aide toward a better understanding of some of the special problems incidental to the care of the mentally ill patient and personal responsibility in this field.

QUESTION #001 to #105

The following questions are presented with a complete and elaborately detailed analysis.

In future work, it will be enough to simply use the Q, A, R, J, T, E, and CL codes appropriately.

The detail here is for explanation purposes.

It is to be noted that the rationale is illustrative rather than definitive. This means that any psychiatric center that adopts the rationale en masse and without local discussion and adaptation is making a serious error.

IN ALL SUCH ILLUSTRATIONS, the method rather than the content (which needs continuous updating) is what is being recommended.

Each section contains:

This is explained herein on the
the following page:

Q: Question	15
A: Answer	16
R: Rationale	17
J: Job Description Analysis	18
T: Training Course Analysis	19
E: Examination Specifications Analysis	20
CL: Empirical Cluster Analysis	21

Each of the above components is analyzed on the following pages which outlines functions, purposes, advantages, and implications of the above components.

The following page explains the notations in the upper left hand corner of pages 22, 24, 25, 27, 29, 30, 32, 34, 36, 38, 40, 42, 44, 46, and 48.

These notations help the adult educator analyze trainee needs and develop adult education programs that respond to these needs.

Questions

- 'may be used for review, exam preparation,
or independent
- 'are correlated with
 - Job Description
 - Training Course
 - Examination Specifications
 - Empirical Clusters
- 'are numbered, (e.g., #001, #002, and so on)
for UNIQUE IDENTIFICATION
- 'are coded (e.g., the following fields: Q, A,
R, J, T, E, CL) for GROUP IDENTIFICATION

Answers

- *are brief
- *can be computerized
- *have been verified by expert
judges
- *can be updated
- *are referenced to a wide variety
of validity sources

Rationales

- *stress basic principles
- *pinpoint appropriate clinical
procedures
- *underline ethical and professional
values
- *accustom the learner to assign
priorities before acting at random
- *familiarize the learner with real life
situations and crises
- *develop problem solving processes
- *encourage responsibility and initiative
with institutional role limitations

Job Description Analyses

- *validate the relationship between "job"
and "exam"
- *clarify role expectations and limitations
- *stress DOable skills
- *answer the questions of "What? When?
How?"
- *prepare student for the typical "on the
job" environment
- *go beyond the "cook book" approach to
stress "professional" growth
- *stress the value of continual professional
updating and its impact on improved
quality of patient care

Training Course Analysis

- *enables the student to apply new knowledge,
skills, and values
- *helps the teacher stress the relevant and
eliminate the non-essential
- *provides feedback on where training is
needed and not needed
- *evaluates the curriculum in terms of "on
the job" applications
- *identifies links in the training program
that reinforce one another
- *systematizes the efforts of testers and
trainers without needless paperwork
- *permits diagnostic as well as promotional
testing

Examination Specifications Analysis

- *provides an overview
- *permits level by level development of training
- *pares the way for independent study and alternative learning styles
- *forces examiners to stress OBJECTIVES rather than memorizing RIGHT ANSWERS
- *motivates learners to stress competencies as well as short term learning
- *facilitates updating of exam specifications and training program without the need to start from scratch each time

Empirical Cluster Analysis

- *provides room for new insights, emerging practices, and innovative grouping
- *looks at traditional subject matter from a functional point of view
- *increases the likelihood of professional conceptualization
- *goes beyond "WHAT?" to "WHY?"
- *substantiates a solid base for (a) higher level goals, (b) affective values, and (c) critical creativity
- *avoids confusing a formal analysis with professional problem solving
- *fosters intuition (guided by prudence) and automatic response (guided by principles as well as by force of habit)

Q: 001
A: B
R: Report
Record
J: 4
T: 9
17
E: 1
CL: Symptomology

QUESTION #001

What would be your immediate response if a patient kept repeating,
"Everyone is out to get me, and I'm going to get them first."

- A. Record on chart: "He is paranoid."
- B. Report the incident to the physician and then record the patient's exact words on the patient's chart or in your ward notes.
- C. Ignore his statements; the patient is obviously upset and not acting normally.
- D. Ask him why he's saying these things.

ANSWER: B

RATIONALE:

First, report all symptoms to the physician.

Second, record symptoms objectively and not merely one impression.

JOB DESCRIPTION ANALYSIS:

- (4) Observe and report on significant patient/resident medical, physical, and emotional conditions and changes.

Q: 001
Question: 001
Page : 2

TRAINING COURSE ANALYSIS:

Day 9: Observation and charting.

Day 17: Psychiatric terminology (understanding the terms and the need to avoid hasty diagnosis).

EXAMINATION SPECIFICATIONS ANALYSIS:

OBJ-1 Assist the new mental health aide toward practical working knowledge of some of the skills necessary in the care of the sick patient.

Q: 002
A: A
R: Observe
Check
J: 4
T: 9
E: 4
CL: Symptomology

QUESTION 002

After reporting the incident to the proper authorities, what would you do if a patient verbalized to you that he was going to kill himself?

- A. Observe him very closely on a continuous basis, that is, around the clock.
- B. Ignore him: after all, he's mentally ill and doesn't know what he's talking about.
- C. Report it immediately to his relatives.
- D. Write it on his chart or in your ward notes and, after that, stop worrying.

ANSWER: A

RATIONALE:

First, continue to observe dangerous symptoms even after oral reports and written notation.

Second, realize that one never knows WHETHER OR NOT the patient means it or WHEN something out of the ordinary might occur. Always check.

JOB DESCRIPTION: ANALYSIS:

- (4) Observe and report on significant patient/resident medical physical, and emotional conditions and changes.

TRAINING COURSE ANALYSIS:

Day 9: Observation and charting.

EXAMINATION SPECIFICATIONS ANALYSIS:

- OBJ-4 Assist the new mental health aide toward a better understanding of some of the special problems incidental to the care of the mentally ill patient and his/her responsibility in this field.

EMPIRICAL CLUSTER ANALYSIS:

Symptomology

Q: 003
A: D
R: Explore
Verbalize
J: 6
7
8
9
T: 3
4
21
23
E: 3
CL: Symptomology

QUESTION 003

What would you do if a patient refuses to eat for one reason or another?

- A. Ignore him
- B. Forcefeed him
- C. Report the patient to the person in charge of the ward
- D. Explore with the patient why he feels this way and try to show him the importance of adequate nutrition.

ANSWER: D

RATIONALE:

First, sit down and explore with the person a minor symptom before it becomes a major problem.

Second, get the person to verbalize exactly what the person means to express by a non-verbal activity (such as not talking, not eating, or not cooperating).

JOB DESCRIPTION ANALYSIS:

- (6) Improve skill in using treatment and related techniques.
- (7,8, 9) Encourage, guide, and assist patients/residents in the performance of daily living and personal activities, either in an institution or community setting.

TRAINING COURSE ANALYSIS:

- Day 3: Food service
- Day 4: Food and fluid balance
- Day 21: Reality orientation and remotivation
- Day 23: Therapeutic milieu and ADL

EXAMINATION SPECIFICATIONS ANALYSIS:

OBJ-3 Assist the new mental health aide toward an understanding of the essentials to good health for himself/herself as well as for his/her patients.

EMPIRICAL CLUSTER ANALYSIS:

Symptomology

Q: 004
A: D
R: Expert
Danger
J: 4
5
T: 7
20
22
E: 4
CL: Emergency
Immediate
Judgement

QUESTION 004

What would you do if you found a patient who was having continuous seizures or convulsions?

- A. Give him medication immediately for these seizures
- B. Ignore his physical behavior since a continuous convulsion is obviously due to a psychological defense mechanism
- C. Try to restrain the patient
- D. Call the physician immediately

ANSWER: D

RATIONALE:

First, in a medical emergency, always call for expert medical assistance immediately.

Second, realize that convulsions could lead to heart failure by placing too much strain on the heart. Convulsions are dangerous.

JOB DESCRIPTION ANALYSIS:

- (4) Observe and report on significant patient/resident medical, physical, and emotional conditions and changes.
- (5) Improve understanding of treatment principles.

TRAINING COURSE ANALYSIS:

Day 7: Vital signs

Day 20: Care of the hyper-active patient

Day 22: Organic brain syndromes

EXAMINATION SPECIFICATIONS ANALYSIS:

OBJ-4 Assist the new mental health aide towards a better understanding of some of the special problems incidental to the care of the mentally ill patient and his/her responsibility in this field.

EMPIRICAL CLUSTER ANALYSIS:

Emergency situations

Need for immediate judgments

Q: 005
A: B
R: Group safety
I: 4
15
16
T: 1
24
E: 2
CL: Group care

QUESTION 005

You are escorting 15 closed ward patients out of the building. Suddenly, one patient runs away. Which of the following should you do immediately?

- A. Chase the patient running away.
- B. Bring the other 14 patients back into the closed ward. Then, notify your immediate supervisor.
- C. Run to the nearest phone and call the police.
- D. Place the most trusted patient in charge of the other 13. Then, try to catch the runaway patient.

ANSWER: B

RATIONALE:

First, report immediately to the proper authority any thing that gets out of hand.

Second, ensure group safety and welfare.

JOB DESCRIPTION ANALYSIS:

- (4) Observe and report on significant patients/residents' medical, physical, and emotional conditions and changes.
- (15) Escort patients/residents as necessary to treatment and recreational activities either in or outside the institution.
- (16) Be responsible during assigned periods for the supervision of personal care of patients/residents.

TRAINING COURSE ANALYSIS:

Day 1: TA/patient relationship

Day 24: Recreational therapy

EXAMINATION SPECIFICATIONS ANALYSIS:

Obj-2 Assist the new mental health aide towards practical working knowledge of some of the skills necessary in the care of the sick patient.

EMPIRICAL CLUSTER ANALYSIS:

Group care

Q: 006
 A: A
 R: Physical danger
 Psychological
 danger
 J: 16
 20
 T: 1
 19
 20
 E: 1
 CL: Aggression

QUESTION 006

A fight breaks out in the dormitory between two patients who usually get along. You are in the midst of helping change a bed. What should you do immediately?

- A. Try to separate the parties involved in the fight.
- B. Hit the instigator in order to teach him a lesson he will remember for a long time.
- C. Try to restrain both patients.
- D. Continue making the bed. Pretend you don't notice the fight. Let them fight it out until someone wins in order to let group dynamics have its full effect on the group of witnesses.

ANSWER: A

RATIONALE:

First, prevent all physical danger to patients, especially during arguments and fights.

Second, prevent all psychological data to patients, including bystanders subject to the bad effects of watching violence, of accidentally being hurt, and of worrying about such violent outbreaks.

JOB DESCRIPTION ANALYSIS:

- (16) Be responsible during assigned periods for the supervision of the personal care of patients/residents.
- (20) Observe and become familiar with techniques and principles applied by higher level treatment personnel.

TRAINING COURSE ANALYSIS:

- Day 1: TA/patient relationships
- Day 19: Communications and interpersonal relationships
- Day 20: Care of the hyperactive patient

EXAMINATION SPECIFICATIONS ANALYSIS:

OBJ-1 Assist the new mental health aide towards an awareness of the dynamics of personality interaction and there importance in the group situation.

EMPIRICAL CLUSTER ANALYSIS:

Agression

Q: 007
 A: D
 R: Danger signs
 Active involvement
 Anticipate
 J: 4
 7
 12
 T: 1
 18
 19
 20
 21
 E: 4
 CL: Observation

QUESTION 007

While supervising a ward of patients, you begin to look around. Which of the following should cause you most concern over a long period of time?

- A. An overactive patient throws a chair through the window and then begins to punch the wall.
- B. An eccentric patient starts acting out a fantasy but in a normal fashion.
- C. A paranoid patient keeps murmuring over and over again, "Everyone around here is out to get me."
- D. A withdrawn and depressed patient sits back and won't talk or get involved in anyway with the group or what is going on around him.

ANSWER: D

First, spot potential danger signs that are almost invisible to the untrained person.

Second, get patients actively involved in positive activities that help restore the individual to normal healthy functioning both alone and in a group. Forget about how nice it would be to have a ward filled with people sitting back and doing nothing, and obviously causing no trouble.

Third, anticipate trouble by realizing that the depressed or withdrawn individual can become explosive given a small spark.

JOB DESCRIPTION ANALYSIS:

- (4) Observe and report on significant patients/residents' medical, physical, and emotional conditions and changes.
- (7) Encourage patients/residents in the performance of daily living and personal activities, either in an institution or a community setting.
- (12) Participate in and assist in play and recreation activities.

TRAINING COURSE ANALYSIS:

- Day 1: TA/patient relationships
- Day 18: Defense mechanisms
- Day 19: Communication and interpersonal relationships
- Day 20: Interviewing techniques
- Day 21: Orientation and remotivation

EXAMINATION SPECIFICATIONS ANALYSIS:

- OBJ-4 Assist the new mental health aide towards a better understanding of some of the special problems incidental to the care of the mentally ill patient and his responsibilities in this field.

EMPIRICAL CLUSTER ANALYSIS:

- Observation

Q: 008
A: A
R: Notify
Evaluate
J: 16
20
T: 9
E: 2
CL: Emergency
Immediate
Action

QUESTION 008

What should you do immediately as an employee if you discover a fire?

- A. Notify the fire department
- B. Evacuate the patients to another area
- C. Try to put out the fire with available hoses and extinguishers
- D. Notify your supervisor before doing anything else

ANSWER: A

RATIONALE:

First, notify the fire department.

Second, evacuate the patients laterally; never evacuate patients to an area above a fire or below a fire.

JOB DESCRIPTION ANALYSIS:

- (16) Be responsible during assigned periods for the supervision of the personal care of patients/residents.
- (20) Observe and become familiar with techniques and principles applied by higher level treatment personnel.

TRAINING COURSE ANALYSIS:

Day 9: Fire and safety.

EXAMINATION SPECIFICATIONS ANALYSIS:

OBJ-2 Assist the new mental health aide towards an understanding of the essentials to be held for himself/herself as well as for his/her patients.

EMPIRICAL CLUSTER ANALYSIS:

Emergency
Immediate action

Q: 009
A: B
R: Notify
Avoid dangerous
actions
J: 16
T: 9
E: 2
CL: Emergency

QUESTION 009

What should you do if you see smoke coming from under a closed door?

- A. Open the door to find out what's causing the smoke
- B. Notify the fire department
- C. Notify your immediate supervisor
- D. Evacuate the patients either to the roof above the fire or to the floor below the fire

ANSWER: B

RATIONALE:

First, notify the Fire Department immediately.

Second, avoid dangerous actions such as opening a door which could help a fire spread.

Third, realize that all drafts are dangerous and that drafts result from opening doors or windows.

JOB DESCRIPTION ANALYSIS:

- (16) Be responsible during assigned periods for the supervision of the personal care of patients/residents.

TRAINING COURSE ANALYSIS:

Day 9: Fire and safety

EXAMINATION SPECIFICATIONS ANALYSIS:

OBJ-2 Assist the new mental health aide towards practical working knowledge of some of the skills necessary in the care of the sick patient.

EMPIRICAL CLUSTER ANALYSIS:

Emergency

Q: 010
A: C
R: Assume life
Sustain life
T: 4
7
10
13
15
E: 4
Sustain life
CL: Emergency

QUESTION 010

What should you do if you discover a patient hanging from a door with a belt around his neck?

- A. Call the nearest doctor immediately
- B. Cut down the patient and cover the body with a sheet
- C. Support the body to take the tension off the neck
- D. Call your supervisor

ANSWER: C

RATIONALE:

First, never assume a person is dead. Pronouncing a person dead is a medical judgment. The employee must always assume that the person is alive.

Second, in the case of an attempted suicide by hanging, the best thing to do is immediately to support the body to take tension off the neck. Once the neck is protected from hanging, the next thing for the employee to do is to holler for help.

JOB DESCRIPTION ANALYSIS:

- (16) Be responsible during assigned periods for the supervision for the personal care of patients'/residents'.
- (20) Observe and become familiar with techniques and principles applied by higher level treatment personnel.

TRAINING COURSE ANALYSIS:

- Day 4: Lifting and moving
- Day 7: Vital signs
- Day 10: Care of the dying and post-mortem care
- Day 13: First aid I
- Day 14: First aid II
- Day 15: First aid III

EXAMINATION SPECIFICATIONS ANALYSIS:

OBJ-4 Assist the new mental health aide towards a better understanding of some of the special problems incidental to the care of the mentally ill patient and his responsibilities in this field.

EMPIRICAL CLUSTER ANALYSIS:

Sustain life
Emergency

Q: 011
A: B
R: Pour
Insure
J: 19
T: 11
12
13
14
15
E: 2
CL: Medications

QUESTION 011

If you come on duty and find that someone else has already poured medicine for you and left a note saying, "Don't worry, I poured the medicine because today you've got to rush to make sure the breakfast trays are passed out on time," what should you do?

- A. Dispense the medications to the patients since it won't be your fault if anything is wrong
- B. Throw away the medication and repour them yourself
- C. Notify your supervisor of this occurrence after administering the medications
- D. Report this incident to the Federal Drug Administration and retain the note as proof of your innocence

ANSWER: B

First, pour yourself all medications you administer. Never administer medication not poured by oneself.

Second, insure the 5 rights of medicine:

- 1. The right label
- 2. The right dosage
- 3. The right time
- 4. The right patient
- 5. The right route

JOB DESCRIPTION ANALYSIS:

(19) Deliver medication under supervision

TRAINING COURSE ANALYSIS:

Day 11: Medications I

Day 12: Medications II

Day 13: Medications III

Day 14: Medications IV

Day 15: Medications review

EXAMINATION SPECIFICATIONS ANALYSIS:

OBJ-2 Assist the new mental health aide towards practical working knowledge of some of the skills necessary in the care of the sick patient.

EMPIRICAL CLUSTER ANALYSIS:

Medications

Q: 012
A: D
R: Encourage
Report
J: 19
20
21
T: 11
19
21
E: 1
2
CL: Medications

QUESTION 012

What would you response be to a patient who refuses to take any medications?

- A. Give an injection
- B. Don't give any medication
- C. Note it on the chart and report it
- D. Ask why not

ANSWER: D

RATIONALE:

First, encourage the patient by being friendly and warm before taking drastic steps to force something.

Second, if the patient still won't take the medicine, report this to one's supervisor so that the proper medical authorities can be notified.

JOB DESCRIPTION ANALYSIS:

- (19) Deliver medication under supervision.
- (20) Observe and become familiar with techniques and principles applied by higher level treatment personnel.
- (21) Use simple techniques of encouragement to reinforce the patient's self-identification and generally establish an atmosphere of congeniality, friendliness, warmth, and other positive humanistic elements.

TRAINING COURSE ANALYSIS:

Day 11: Medications I

Day 19: Communication and interpersonal relationships

Day 21: Reality orientation and remotivation

EXAMINATION SPECIFICATIONS ANALYSIS:

OBJ-1 Assist the new mental health aide towards an awareness of the dynamics of personality interaction and their importance in the group situation.

OBJ-2 Assist the new mental health aide towards practical working knowledge of some of the skills necessary in the care of the sick patient.

EMPIRICAL CLUSTER ANALYSIS:

Medications

Q: 013
 A: B
 R: Observe
 Encourage
 J: 6 Report
 20
 23
 T: 9
 17
 18
 20
 21
 E: 2
 CL: Symptomology

QUESTION 013

What would you do if a patient continuously breaks window panes?

- A. Chart it
- B. Talk with the patient about it
- C. Consult with the physician to try to change the medication that the patient is on
- D. Call the glazier

ANSWER: B

RATIONALE:

First, observe deviant behavior immediately.

Second, encourage patients positively to participate in ward government and in ward maintenance.

Third, report all unusual behavior

JOB DESCRIPTION ANALYSIS:

- (6) Improve skills in using treatment and related techniques under close supervision.
- (20) Observe and become familiar with techniques and principles applied by higher level treatment personnel.
- (23) Attempt to interest patients in various individual and group activities such as ward government and ward maintenance.

TRAINING COURSE ANALYSIS:

- Day 9: Observation and charting.
- Day 17: Administrative procedures.
- Day 18: Functional psychosis.
- Day 20: Care of the hyper-active patient.
- Day 21: Reality orientation and remotivation.

EXAMINATION SPECIFICATIONS ANALYSIS:

- OBJ-2 Assist the new mental health aide towards practical working knowledge of some of the skills necessary in the care of the sick patient.

EMPIRICAL CLUSTER ANALYSIS:

Symptomology

Q: 014
A: B
R: React humanely
Place problems
J: 1
2
19
21
E: 2
CL: Symptomology

QUESTION 014

What would you do if you found a patient crying?

- A. Refer to the head nurse
- B. Sit and talk about the patient's feelings
- C. Ignore the crying
- D. Give the patient a handkerchief

ANSWER: B

RATIONALE:

First, react humanely to human problems.

Second, place all problems in proper perspective.

JOB DESCRIPTION ANALYSIS:

- (7) Encourage patients/residents in the performance of daily living and personal activities, either in an institution or community setting.
- (21) Use simple techniques of encouragement to reinforce the patient's self-identification and generally establish an atmosphere of congeniality, friendliness, warmth, and other positive humanistic elements.

TRAINING COURSE ANALYSIS:

- Day 1: TA-patient relationship
- Day 2: Community mental health
- Day 19: Communication and interpersonal relationships
- Day 21: Reality orientation and remotivation

EXAMINATION SPECIFICATIONS ANALYSIS:

- OBJ-2 Assist the new mental health aide towards practical working knowledge of some of the skills necessary in the care of the sick patient.

EMPIRICAL CLUSTER ANALYSIS:

Symptomology

Q: 015
A: B
R: Verify medications
Avoid jumping to
Conclusions
J: 4
19
T: 11
12
13
14
15
E: 2
CL: Medications

QUESTION 015

What would you do with a newly admitted patient who comes in with many pills and states that all of them are needed?

- A. Let the newly admitted patient keep the pills
- B. Confiscate the pills and show them to the physicians with an explanation
- C. Put the pills in the medication cabinet
- D. Throw the pills down the toilet

ANSWER: B

RATIONALE:

First, Verify all medications received by patients under your supervision.

Second, avoid jumping to conclusions without proper medical verification of suspicions.

JOB DESCRIPTION ANALYSIS:

- (4) Observe and report on significant patient's/resident's medical, physical, and emotional conditions and changes,
- (19) Deliver medication under supervision

TRAINING COURSE ANALYSIS:

- Day 11: Medications I
- Day 12: Medications II
- Day 13: Medications III
- Day 14: Medications IV
- Day 15: Medications review

EXAMINATION SPECIFICATIONS ANALYSIS:

- OBJ-2 Assist the new mental health aide towards practical working knowledge of some of the skills necessary in the care of the sick patient.

EMPIRICAL CLUSTER ANALYSIS:

Medications

PRE-MODULAR PACKAGES SUITABLE FOR DISCUSSION

Setting up modules without discussion is

PREMATURE ---- do it later

UNPROFESSIONAL ---- do it with local team

UNETHICAL ---- do not plagiarize without permission and legal permits

A WASTE OF TIME ---- what works elsewhere may not work locally

EACH PACKAGE is an example of a short, simple and discussable document.

EACH PACKAGE can be used to pinpoint local concerns, priority needs, and action plans.

PACKAGE 1 -- HUMAN SERVICE OCCUPATIONS

PACKAGE 2 -- PATIENT SAFETY

MULTIPLE CHOICE QUESTIONS
FOR
HUMAN SERVICES OCCUPATIONS EXAMINATION
(LEVEL G-7)

DIRECTIONS: Circle the answers selected on the ANSWER SHEET provided.
Compare the answers selected with the ANNOTATED SUGGESTED
ANSWER KEY.

1. You are escorting 15 closed ward patients out of the building. Suddenly, one patient runs away. Which of the following should you do immediately?
 - A. Chase the patient running away.
 - B. Bring the other 14 patients back into the closed ward. Then, notify your immediate supervisor.
 - C. Run to the nearest phone and call the police.
 - D. Place the most trusted patient in charge of the other fourteen. Then, try to catch the runaway patient.

2. A fight breaks out in the dormitory between two patients who usually get along. You are in the midst of helping change a bed. What should you do immediately?
 - A. Try to separate the parties involved in the fight.
 - B. Hit the instigator in order to teach the patient a lesson that will be remembered for a long time.
 - C. Try to restrain both patients.
 - D. Continue making the bed. Pretend you don't notice the fight. Let them fight it out until someone wins in order to let group dynamics have its full effect on the group of witnesses.

3. While supervising a ward of patients, you begin to look around. Which of the following should cause you most concern over a long period of time?
 - A. An overactive patient throws a chair through the window and then begins to punch the wall.
 - B. An eccentric patient starts acting out a fantasy but in a normal fashion.
 - C. A paranoid patient keeps murmuring over and over again, "Everyone around here is out to get me."
 - D. A withdrawn and depressed patient sits back and won't talk or get involved in anyway with the group or what is going on around the patient's immediate environment.

MANAGEMENT BY OBJECTIVES
IN
THE HEALTH SERVICES OCCUPATIONS

Management by objectives is a hybrid term composed of two words: management and objectives.

Management means the ability to get people, including oneself, to do the right thing at the right time in the right way. A person who does the right thing at the right time in the right way is an effective worker. A person who gets others to do the right thing at the right time and in the right way is an effective manager.

Objectives are appropriate answers to the question, "What are we trying to do here?" Objectives should be short, simple, and easy to understand. If people don't know what is expected, it is very difficult to do the job properly. This means that both oneself and others must know the objective of any activity or procedure.

Management by objectives means being able to figure what should be done in a variety of different circumstances. Instead of memorizing a list of details which allegedly foresees all sorts of possibilities, the person who manages by objectives understands the basic principles which can be applied in a wide variety of circumstances.

The following paragraphs propose these management principles. These principles are based upon common sense ideas that apply to common everyday occurrences. These principles avoid hypothetical and rare exceptions.

The reader of this publication is to look at the principles and understand them. A good way to understand these principles is to discuss and explain them with others.

After the principles have sunk in, each individual should look at the sample multiple choice questions that give practical examples of how to apply these principles.

Each one of these principles is stated in the form of an objective for the human services occupations worker.

OBJECTIVE 1:

The human services occupations worker should notify the proper authority when anything gets out of hand.

In many cases, this means telling one's immediate superior what happened immediately. Sometimes, other important things must be done before notifying one's superiors. Anything that interferes with notifying one's immediate superior at once should be of an emergency level.

In other words, make sure that notifying the immediate superior at once does not interfere with the safety and welfare of the patients.

OBJECTIVE 2:

The human services occupations worker should be concerned with the safety and welfare of the entire group as well as with the safety and welfare of individuals.

This would mean that if one patient out of 10 were to start causing trouble that could endanger the safety of this patient, the worker must not only think of the safety of the one patient, but also of the safety of the other 9 members of the group. To neglect the safety of 9 individuals in order to concentrate only on the safety of 1 person would be out of order.

Sometimes, a group of patients will begin to have arguments and fights. The safety danger here is obviously physical to the two people fighting. The safety and welfare danger to the rest of the group can be found in the effects of watching such violence, of accidentally being hurt, and of worrying about such violent outbreaks. The worker must be able to protect both the group and disorderly individuals.

OBJECTIVE 3:

The health services occupations worker must prevent injuries to all parties in custodial care.

Even in the midst of a group dynamics session, verbal and physical injury must not be inflicted upon an innocent bystander or upon a troublemaker. If two people are beginning a violent argument or beginning to exchange punches, the job of the service worker is to get the troublemakers away from each other.

The mental health service worker will spot people fighting, people arguing, people destroying property, people making a lot of noise, and people trying to showoff. There are obvious dangers in these activities to the safety and welfare of any individual onlooker or participant.

Sometimes, there are other dangers that are quieter and just as dangerous. These dangers must be recognized individually and dealt with decisively.

OBJECTIVE 4:

The human services occupations worker must be able to spot potential danger signs that are almost invisible to the untrained person.

Instead of thinking how nice it is to have a ward filled with people who are sitting back and doing nothing, and obviously causing no trouble, the service worker must realize that depressed or withdrawn individuals can become explosive given a small spark.

From a management by objectives point of view, the objective of a service worker is NOT to keep the patients quiet and inactive. The objective of the service work is to get the patients actively involved in positive activities that help restore the individual to normal healthy functioning both alone and in a group setting.

PRACTICE
MULTIPLE CHOICE QUESTIONS
CONCERNING
PATIENT SAFETY

DIRECTIONS: Circle the answers selected on the ANSWER SHEET provided.

Compare the answers selected with the ANNOTATED SUGGESTED
ANSWER KEY.

1. What should you do immediately as an employee if you discover a fire?
 - A. Notify the fire department
 - B. Evacuate the patients to another area
 - C. Try to put out the fire with available hoses and extinguishers
 - D. Notify your supervisor before doing anything else

2. What should you do if you see smoke coming from under a closed door?
 - A. Open the door to find out what's causing the smoke
 - B. Notify the fire department
 - C. Notify your immediate supervisor
 - D. Evacuate the patients either to the roof above the fire or to the floor below the fire

3. What should you do if you discover a patient hanging from a door with a belt around his neck?
 - A. Call the nearest doctor immediately
 - B. Cut down the patient and cover the body with a sheet
 - C. Support the body to take tension off the neck
 - D. Call your supervisor

4. If you come on duty and find that someone else has already poured medicine for you and left a note saying, "Don't worry, I poured the medicine because today you've got to rush to make sure the breakfast trays are passed out on time," what should you do?
 - A. Dispense the medications to the patients since it won't be your fault if anything is wrong
 - B. Throw away the medications and repour them yourself
 - C. Notify your supervisor of this occurrence after administering the medications
 - D. Report this incident to the Federal Drug Administration and retain the note as proof of your innocence

OBJECTIVES FOR PATIENT SAFETY

There are a number of principles that can help a human services occupations worker figure out what to do in difficult circumstances. Each one of these principles is placed in the form of an objective.

The principles studied in this section concern patient safety. Patient safety is maintained by making sure that patients don't get hurt, injured, or threatened in any way.

OBJECTIVE 1:

The human services occupations worker must, in case of fire, notify people qualified and capable of extinguishing the fire.

This means calling the fire department before anything else.

Fires are increased and made more dangerous by drafts. A draft can result whenever a fire door or any door is opened. Thus, opening a door can be a very dangerous thing to do in the presence of fire or unexplained smoke.

A small fire in a waste basket or a smoking cigarette burning a sheet is one type of fire that may be quickly extinguished by means of a fire extinguisher. However, a fire extinguisher not specifically designed for electrical fires is a dangerous instrument with which to attack a smoking electrical wire. Water and electricity mean more danger and more fire.

After the fire department has been notified, the employee should lead the patients to safety.

OBJECTIVE 2:

The health services occupations worker should evacuate patients laterally from a fire area.

Lateral evacuation means getting the patients out of the fire area by taking them across the corridor to a safe area.

Evacuating the patients up to the roof or down to the floor below the fire is dangerous. The danger is there because of the heat and because of the smoke. The smoke from a fire is just as deadly as the fire itself.

In other words, in case of a fire, notify the fire department and evacuate the patients LATERALLY.

OBJECTIVE 3:

The human services occupations worker should never assume a person is dead.

Pronouncing a person dead is a medical judgment.

The employee must always assume that the person is alive.

In the case of an attempted suicide by hanging, the best thing to do is immediately to support the body to take tension off the neck. Once the neck is protected from hanging, the next thing for the employee to do is holler for help.

There is a difference between a medical judgment and a judgment made by an employee. For example, no person is considered legally dead until such a judgment has been rendered by a physician.

Finding a person hanging with a cord or a belt around the neck should produce the immediate reaction in the employee of supporting the body in order to take tension off the neck. This reduces the possibility of death from hanging.

At all times, pronouncing a person dead is something reserved to a physician.

Legally, the person assigned to administer medication is responsible for making sure that right dosage of the right medicine is given to the right patient at the right time and by the proper route.

OBJECTIVE 4:

The human services occupations worker should never administer a medication not poured by oneself.

In order to make sure that the medication one pours is the right medication, the employee should be aware of the FIVE RIGHT OF MEDICINE:

The right LABEL
The right DOSAGE
The right TIME
The right PATIENT
The right ROUTE

Looking over the above four objectives should give the employee principles that can be used in deciding what to do in emergencies, in difficult cases, and in unforeseen circumstances.